



Project Information			
Project Address:			
Map & tax lot #:			
Subdivision:		Addition:	Lot: Block:
Owner name:		Owner phone:	
Owner Address:			
Select following description: (Two (2) sets of plans required at submittal)		Sq. Ft. (Total Array): _____	
<input type="checkbox"/> Residential	<input type="checkbox"/> Photovoltaic	Size of panel: _____	
<input type="checkbox"/> Commercial	<input type="checkbox"/> Thermal	Weight of panel: _____	
<input type="checkbox"/> Express Review	<input type="checkbox"/> Pole Mount		
<input type="checkbox"/> Typical Plan Review			
Value of work: _____			
Contractor Information		<input type="checkbox"/> Home owner will be acting as general contractor <input type="checkbox"/> Form	
General		Electrical	
Name: _____		Name: _____	
Phone: _____	Fax: _____	Phone: _____	Fax: _____
E-mail: _____		E-mail: _____	
CCB #: _____		CCB/BCD#: _____	
		Signing supervisor's license no.: _____	
		Print name of signing supervisor: _____	
		Signature of signing supervisor: _____	
Mechanical		Plumbing	
Name: _____		Name: _____	
Phone: _____	Fax: _____	Phone: _____	Fax: _____
E-mail: _____		E-mail: _____	
CCB #: _____		CCB/BCD#: _____	
Primary contact person			
Name: _____		Phone: _____	
Address: _____		Fax: _____	
E-mail: _____			
Plan Review	Initial Plan Review	Signature/Exemption Notification	
R _____	Fees: _____	All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701. By signing this form I certify that I have met these requirements or I am exempt from these requirements under ORS701.010. (State reason for exemption below.) Signature: _____ If the applicant is exempt from licensing, the following reason applies: _____	
	Date: _____		
	Cashier: _____		
Permit Approval and Fees			
Approved by: _____	Date: _____	Fees: _____	

Permit #: _____

Related #s: _____

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